

Filing at a Glance

Companies: Progressive Casualty Insurance Company, Progressive Classic Insurance Company, Progressive Northwestern Insurance Company, Progressive Direct Insurance Company, Progressive Specialty Insurance Company, United Financial Casualty Company

Product Name: Auto (Pet End.)

SERFF Tr Num: PRGS-125233717 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025460

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: L070467-AR-AU-A/D

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Author: Pdpg 4

Disposition Date: 07-19-2007

Date Submitted: 07-16-2007

Disposition Status: Approved

Effective Date Requested (New): 09-06-2007

Effective Date (New): 09-06-2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Pet Endorsement

Status of Filing in Domicile:

Project Number: L070467-AR-AU-A/D

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-19-2007

State Status Changed: 07-16-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Pet Injury Coverage Endorsement Form Z538 (05/07) is a new coverage being provided to our Private Passenger Auto customers. All customers that have Collision Coverage on at least one vehicle on their policy will get \$500 in Pet Injury Coverage. Pet Injury Coverage provides up to \$500 per accident for injury or death to the insureds dog or cat that is injured in an auto accident while inside the insureds vehicle. This new endorsement will be sent to all new business and renewal customers with Collision Coverage on their policy at no additional charge. This is an endorsement to our Arkansas Motor Vehicle Policy, forms 9608A AR (11/04) and 9608D AR (11/04).

Company and Contact

Filing Contact Information

Jeanine Radosevich, Policy Form Specialist
Corporate Law Department
Mayfield Village, OH 44143

jeanine_radosevich@progressive.com
(440) 395-3756 [Phone]
(440) 395-3790[FAX]

Filing Company Information

Progressive Casualty Insurance Company
6300 Wilson Mills Road
Mayfield Village, OH 44143
(440) 461-5000 ext. [Phone]

CoCode: 24260
Group Code: 155
Group Name:
FEIN Number: 34-6513736

State of Domicile: Ohio
Company Type:
State ID Number:

Progressive Classic Insurance Company
c/o CT Corporation Systems

CoCode: 42994
Group Code: 155

State of Domicile: Wisconsin
Company Type: Property and
Casualty

8025 Excelsior Dr, # 200
Madison, WI 53717
(608) 833-4821 ext. [Phone]

Group Name:
FEIN Number: 39-1453002

State ID Number:

Progressive Northwestern Insurance Company
6300 Wilson Mills Road
Mayfield Village, OH 44143
(440) 461-5000 ext. [Phone]

CoCode: 42919
Group Code: 155
Group Name:
FEIN Number: 91-1187829

State of Domicile: Ohio
Company Type:
State ID Number:

Progressive Direct Insurance Company
6300 Wilson Mills Rd, N72
Cleveland, OH 44143
(440) 461-5000 ext. [Phone]

CoCode: 16322
Group Code: 155
Group Name:
FEIN Number: 34-1524319

State of Domicile: Ohio
Company Type:
State ID Number:

Progressive Specialty Insurance Company
6300 Wilson Mills Road
Mayfield Village, OH 44143
(440) 461-5000 ext. [Phone]

CoCode: 32786
Group Code: 155
Group Name:
FEIN Number: 34-1172685

State of Domicile: Ohio
Company Type:
State ID Number:

United Financial Casualty Company
6300 Wilson Mills Rd, N72
Mayfield Village, OH 44143-2182
(440) 461-5000 ext. [Phone]

CoCode: 11770
Group Code: 155
Group Name:
FEIN Number: 36-3298008

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Financial Casualty Company	\$0.00	07-16-2007	
Progressive Direct Insurance Company	\$0.00	07-16-2007	
Progressive Casualty Insurance Company	\$50.00	07-16-2007	14613508
Progressive Specialty Insurance Company	\$0.00	07-16-2007	
Progressive Northwestern Insurance Company	\$0.00	07-16-2007	
Progressive Classic Insurance Company	\$0.00	07-16-2007	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07-19-2007	07-19-2007

Disposition

Disposition Date: 07-19-2007

Effective Date (New): 09-06-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Readability Certificate	Approved	Yes
Form	Pet Injury Coverage Endorsement	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pet Injury Coverage Endorsement	Z538	05/07	Endorsement New nt/Amendment/Conditions		54.20	Z538 - 1c.pdf

Pet Injury Coverage Endorsement

Your Auto policy is amended as follows:

The following Pet Injury Coverage is added to Part IV – Damage To A Vehicle:

INSURING AGREEMENT – PET INJURY COVERAGE

If **you** have purchased Collision Coverage for at least one **covered auto** under **your** policy and **your pet** sustains injury or death as a result of a **collision** involving any **covered auto** or **non-owned auto**, **we** will pay up to \$500 for:

1. reasonable and customary costs incurred by **you** or a **relative** for veterinary fees arising from such **collision**; or
2. **your pet's replacement cost** if **your pet** dies in the accident.

Pet Injury Coverage applies only if **your pet** is inside the **covered auto** or **non-owned auto** at the time of the **collision**.

ADDITIONAL DEFINITIONS

The following definitions apply to this coverage:

1. **"Your pet"** means any dog or cat owned by **you** or a **relative**.
2. **"Your pet's replacement cost"** means the cost to replace the deceased dog or cat with one of like kind and quality. It does not include any amounts for veterinary bills, training, or any other amounts other than the cost to replace the pet itself.

EXCLUSION

Pet Injury Coverage will not apply if loss to the vehicle carrying **your pet** is excluded under Part IV of **your** policy.

LIMITS OF LIABILITY

The most **we** will pay for all damages under Pet Injury Coverage with respect to any one accident is a total of \$500 regardless of the number of dogs or cats that are injured or die in that accident. The following additional provisions apply:

1. If **your pet** is injured as a result of a covered accident, **we** will pay for all necessary medications and procedures prescribed by **your pet's** veterinarian for treatment of such covered injury.
2. If **your pet** dies in a covered accident, **we** will pay **your pet's replacement cost** whether **your pet** is actually replaced or not.
3. No deductible shall apply to this coverage.

All other terms, limits and provisions of this policy remain unchanged.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty		Review Status: Approved	07-19-2007
Comments:			
Attachment: NAIC P&C Transmittal.pdf			
Satisfied -Name: Cover Letter		Review Status: Approved	07-19-2007
Comments:			
Attachment: 07-16-07 Initial Cvr Ltr for Pet End in AR.pdf			
Satisfied -Name: Readability Certificate		Review Status: Approved	07-19-2007
Comments:			
Attachment: Z538 _05-07_ Readability Certificate _54.2_.pdf			

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Progressive Group of Insurance Companies	155

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Progressive Casualty Insurance Company	OH	24260	34-6513736	
Progressive Classic Insurance Company	WI	42994	39-1453002	
Progressive Direct Insurance Company	OH	16322	34-1524319	
Progressive Northwestern Insurance Company	WI	38628	34-1318335	
Progressive Specialty Insurance Company	OH	32786	34-1172685	
United Financial Casualty Company	OH	11770	36-3298008	

5. Company Tracking Number	L070467-AR-AU-A/D
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jeanine Radosevich 6300 Wilson Mills Rd, N72B Mayfield Village, OH 44143	Policy Form Specialist	440-395-3756 800-321-9843, ext. 6253756	440-395-3790	jeanine_radosevich@progressive.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Jeanine Radosevich		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [x] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: 09-06-2007 Renewal:
15. Reference Filing?	[] Yes [x] No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	07-16-2007
19. Status of filing in domicile	[x] Not Filed [] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	L070467-AR-AU-A/D
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The Pet Injury Coverage Endorsement – Form Z538 (05/07) is a new coverage being provided to our Private Passenger Auto customers. All customers that have Collision Coverage on at least one vehicle on their policy will get \$500 in Pet Injury Coverage. Pet Injury Coverage provides up to \$500 per accident for injury or death to the insured's dog or cat that is injured in an auto accident while inside the insured's vehicle. This new endorsement will be sent to all new business and renewal customers with Collision Coverage on their policy at no additional charge. This is an endorsement to our Arkansas Motor Vehicle Policy, forms 9608A AR (11/04) and 9608D AR (11/04).

The date we propose to begin using this form is September 6, 2007. We will notify you if this date changes. This form does not affect rates.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	L070467-AR-AU-A/D			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Pet Injury Coverage Endorsement	Z538 (05/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



July 16, 2007

FILED VIA SERFF

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: Form Filing – Private Passenger Auto – Our Company # L070467-AR-AU-A/D

PROGRESSIVE DIRECT INSURANCE COMPANY	(NAIC # 155-16322)
PROGRESSIVE CASUALTY INSURANCE COMPANY	(NAIC # 155-24260)
PROGRESSIVE CLASSIC INSURANCE COMPANY	(NAIC # 155-42994)
PROGRESSIVE NORTHWESTERN INSURANCE COMPANY	(NAIC # 155-42919)
PROGRESSIVE SPECIALTY INSURANCE COMPANY	(NAIC # 155-32786)
UNITED FINANCIAL CASUALTY COMPANY	(NAIC # 155-11770)

Pet Injury Coverage Endorsement – Form Z538 (05/07)

SERFF Tracking # PRGS-125233717

Included in this filing is the above-referenced form for your review and approval. The date we propose to begin using this form is September 6, 2007. We will notify you if this date changes. This form does not affect rates.

The Pet Injury Coverage Endorsement – Form Z538 (05/07) is a new coverage being provided to our Private Passenger Auto customers. All customers that have Collision Coverage on at least one vehicle on their policy will get \$500 in Pet Injury Coverage. Pet Injury Coverage provides up to \$500 per accident for injury or death to the insured's dog or cat that is injured in an auto accident while inside the insured's vehicle. This new endorsement will be sent to all new business and renewal customers with Collision Coverage on their policy at no additional charge. This is an endorsement to our Arkansas Motor Vehicle Policy, forms 9608A AR (11/04) and 9608D AR (11/04).

Also included are the required NAIC Property & Casualty Transmittal and a Readability Certificate for this form. The filing fee of \$50.00 is being submitted via EFT in SERFF.

If you have any questions or want to discuss this filing further, please call me at 1-800-321-9843, network extension 625-3756. Thank you for your attention to this filing.

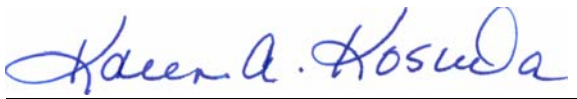
Sincerely,

Jeanine Radosevich
Policy Form Specialist
Direct: (440) 395-3756
FAX: (440) 395-3790
E-Mail: Jeanine_Radosevich@progressive.com

JMR/aml

READABILITY CERTIFICATE

We, Karen A. Kosuda, Assistant Secretary of Progressive Direct Insurance Company, and Kathleen M. Cerny, Assistant Secretary of Progressive Casualty, Classic, Northwestern and Specialty Insurance Companies, and United Financial Casualty Company, certify that the **Pet Injury Coverage Endorsement – Form Z538 (05/07)**, achieved a score of **54.2** and complies with the readability requirements of the State of Arkansas when tested in accordance with the Flesch Reading Ease Test.



Karen A. Kosuda
Assistant Secretary
Progressive Direct Insurance Company

Date: 07-16-2007



Kathleen M. Cerny
Assistant Secretary
Progressive Casualty Insurance Company
Progressive Classic Insurance Company
Progressive Northwestern Insurance Company
Progressive Specialty Insurance Company
United Financial Casualty Company